



Welcome to Norfolk's Vendor Self Service System

Click here for step-by-step instructions to:

- Create A New Account [Download PDF](#)
- Activate Your Existing Account [Download PDF](#)
- Update Your Existing Account [Download PDF](#)

Registered Users

- Account Maintenance

User Name :

Password :

Login

[Forgot Your Password? Click Here](#)

New Users

Register

- Add my company
- Add my location to existing account
- Create User ID for existing account

Click on Register

Logout successful

If you need assistance, the Customer Resource Center can be reached by email at FBS-AccountsPayable@norfolk.gov or by phone at 757-664-4787. The center is open Monday through Friday from 8:30am to 5:00pm.

Registration Requirements

[help & advice](#)[Menu](#)


Already registered? Click [here](#) to login. Otherwise, continue below.

Assemble the following information before continuing:

- Information on each location (first location entered will be considered the Headquarters)
- Tax ID Number
- Legal Business name
- Contact Information (name, address, email, phone and fax)
 - Account Administrator (person responsible for your account)
 - Ordering
 - Payment
- Descriptions of your products and services (for example, commodity codes)

The vendor Registration process is designed to gather information that will be used in doing business with your organization. It is essential that the information about your organization is accurate and complete. The registration process should take between 10-20 minutes to complete. Your information will not be saved until the registration is complete. Please be advised that your session will be timed out after 15 minutes of inactivity, and your information will not be saved.

If at any time you have problems registering, please contact the Customer Resource Center at 757-664-4787.

[Continue](#)

**After reading the
Registration Requirements
click on “Continue” to
proceed with creating your
account.**

Search for your company location

[help & advice](#)

[Menu](#)

Please enter all or part of your company name and click 'Search' to see if your location is already registered.

Company Name :

| Legal Name | Location Name | Alias/DBA | HQ Account | Activated |
|-----------------------|----------------------|----------------------|----------------------|-----------|
| First | Prev | Next | Last | |

To determine if your company location already exists, type all or part of your company name and select "Search".

AMS ADVANTAGE

Search for your company location

[help & advice](#)[Menu](#)

Please enter all or part of your company name and click 'Search' to see if your location is already registered.

Company Name :

| Legal Name | Location Name | Alias/DBA | HQ Account | Activated |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------|
| <input type="button" value="First"/> | <input type="button" value="Prev"/> | <input type="button" value="Next"/> | <input type="button" value="Last"/> | |

Is your company listed ?

Yes, but my Location is not activated

➡ Click *Activate Account* for the account you wish to activate.

Yes, I found my Headquarters but not my Location

➡ Click *Add Location* to create new Location for the existing Headquarters.

Yes, my Account is activated but I don't know the login

➡ Contact your Headquarters for assistance.

No, Register Now

➡

Since your company information does not exist, select "New Registration".

Memorandum of Agreement

[help & advice](#)[Menu](#)

You must accept the terms of this Agreement in order to register as a vendor with Vendor Self Service("VSS"). If you choose not to accept these terms you will be returned to the HomePage for Guests. By submitting this electronic vendor registration, you certify and warrant that you are duly authorized, by the Vendor to: (i) register the Vendor; (ii) file, on behalf of the Vendor, all of the information requested in this registration process; and (iii) enter into this Agreement on behalf of the Vendor. By submitting this electronic vendor registration, you hereby agree on behalf of the Vendor and for the benefit of the City that:

1. The Vendor shall use VSS vendor registration update functionality to update the Vendor's registration information whenever necessary to ensure that the registration information remains accurate and complete at all times.
2. The Vendor hereby warrants that the information provided by the Vendor through the VSS registration and VSS registration update functionality shall at all times be accurate, complete and current. The Vendor further warrants that the City shall be entitled at all times to rely conclusively on the currency, accuracy and completeness of the information the Vendor has provided through the VSS registration and VSS registration update functionality even if different information is or has been available to or received by the City through means other than the VSS registration and registration update functionality.

This Agreement shall remain in effect for as long as the Vendor is registered as a VSS vendor. All rights are reserved to cancel the Vendor's registration at any time. In the event the Vendor's registration is cancelled, the Vendor shall remain bound to this Agreement in regard to completion of any contract, purchase order or other electronic procurement transaction that was made or administered in whole or in part using VSS.

[Accept Terms](#)[Reject Terms](#)

After Reading the Memorandum of Agreement as defined by the City, select "Accept Terms".

Note: If "Reject Terms" is selected you will be returned to the previous page. These terms must be accepted in order to create a new account.

- ✓ Step 1: Business Information
- Location Verification
- Location Information and Legal Name
- EFT Information
- Email and Organization Information
- Discount Information
- Step 2: User Information
- Step 3: W-9 Information
- Step 4: Account Administration
- Step 5: Ordering Address
- Step 6: Payment Address
- Step 7: Billing Address
- Step 8: Bidding Interests
- Step 9: Preview & Submit Registration

Notice that some fields have a red asterisk. These are required fields.

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Step 1: Business Information

This page allows you to enter general information about your organization. Fields with a red asterisk (*) indicate required fields. Fields without an asterisk are optional fields that do not require information to complete vendor registration.

NOTE: This site **does not** automatically Save when you exit. Please resolve any errors and do not exit this site until you receive a confirmation of successful registration. Failure to complete registration will require all fields to be re-entered when you return to the site.

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Location Verification

This section will be used to establish a password that other locations within your company will be required to use when registering a new location for your company.

*Verify My Locations by: Use my Taxpayer ID Number

Vendor Verification Based on:

Vendor Verification Password:

Confirm Verification:

1: Select "Use my Taxpayer ID Number" from the Verify My Locations by menu.

Location Information and Legal Name

Please complete this information that will be used to define your organization and create your legal name. Values entered in either the First, Middle, and Last Name fields, or the Company Name field, will be used to create your Legal Name.

*Organization Type: Company

If your TIN Type is SSN, select Individual. If your TIN Type is EIN, select Company.

First Name:

Middle Name:

Last Name:

Company Name: Norfolk 4

*Classification: Corporation

Legal Name:

Alias/DBA:

Location Name:

Web Address:

2: Select your Organization Type.

3: Select your Classification.

4: Enter your Company Name and click "Next" at the top right or bottom right of the page.

- Step 1: Business Information
- ✓ Step 2: User Information
- Copy User Information
- User Information
- Step 3: W-9 Information
- Step 4: Account Administration
- Step 5: Ordering Address
- Step 6: Payment Address
- Step 7: Billing Address
- Step 8: Bidding Interests
- Step 9: Preview & Submit Registration

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Step 2: User Information

Please establish a unique User ID (Login ID) and Password for your VSS Account Administrator. Passwords and User ID's are case sensitive and should be alphanumeric. **Please make note of your User ID and Password for future reference.**

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User Information

| | |
|---|---|
| <p>*User ID : <input type="text" value="Norfolk 4"/></p> <p><i>Case Sensitive and must be between 2 and 16 characters in length.</i></p> <p>*First Name : <input type="text" value="Test"/></p> <p>*Last Name : <input type="text" value="User"/></p> <p>*Email : <input type="text" value="test@norfolk.gov"/></p> <p>*Phone : <input type="text" value="904-315-1383"/></p> <p><i>Format XXX-XXX-XXXX</i></p> <p>Extension : <input type="text"/></p> <p>Fax : <input type="text"/></p> | <p>*Password : <input type="password" value=".."/></p> <p><i>Case Sensitive and must be between 2 and 16 characters in length.</i></p> <p>*Retype Password : <input type="password" value=".."/></p> <p>*Security Question : <input type="text" value="What is your mother's maiden name?"/></p> <p>*Security Answer : <input type="password" value="....."/></p> <p>*Retype Security Answer : <input type="password" value="....."/></p> |
|---|---|

Complete all fields with red asteriks. Just like on the previous page, these are required fields. After entering your information, select "Next".

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
 - A highlighted error notification message will be displayed at the top of the page.
 - Click the "Here" link in that notification to see the errors.
 - You must correct the errors indicated before continuing to the next step.

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Please be sure to enter a valid email address for your company. The City of Norfolk will be sending you valuable information regarding your account and upcoming bids via email.

- ✓ Step 1: Business Information
- ✓ Step 2: User Information
- ✓ Step 3: W-9 Information
- Add New Taxpayer ID Number
- Taxpayer ID Number Already Registered
- Step 4: Account Administration
- Step 5: Ordering Address
- Step 6: Payment Address
- Step 7: Billing Address
- Step 8: Bidding Interests
- Step 9: Preview & Submit Registration

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Step 3: W-9 Information

Please enter information from your W-9 form (Request for Taxpayer Identification Number and Certification).

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▼Add New Taxpayer ID Number

Add a new Taxpayer ID Number by completing the information below.

Taxpayer ID Number :

No spaces or dashes

Taxpayer ID Number Type : ▼

Legal Name on W-9 :

Business Name :

If different from Legal Name

Address :

City :

State : ▼

ZIP Code :

Enter your correct Taxpayer ID (TIN), Taxpayer ID type and TIN Address. Select Next.

▼Taxpayer ID Number Already Registered

OR use a Taxpayer ID Number already on file by entering the Taxpayer ID Number and Type here. This option may apply if more than one business location shares the same Taxpayer ID Number and is already registered in this system.

Use Existing Taxpayer ID Number :

Taxpayer ID Number Type : ▼

Additional Resources & Information:

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- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
 - A highlighted error notification message will be displayed at the top of the page.
 - Click the "Here" link in that notification to see the errors.
 - You must correct the errors indicated before continuing to the next step.

- ✓ Step 1: Business Information
- ✓ Step 2: User Information
- ✓ Step 3: W-9 Information
- ✓ Step 4: Account Administrator Address Information
- Address Information
- Contact Information
- Contact Address
- Copy Address Information
- Step 5: Ordering Address
- Step 6: Payment Address
- Step 7: Billing Address
- Step 8: Bidding Interests
- Step 9: Preview & Submit Registration

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Step 4: Account Administrator Address

Please enter the address of the administrator of this account. Please note that **Account Administrator, Ordering and Payment addresses are required** for vendor registration.

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▼Address Information

Please complete the address information below for your Account Administrator.

| | |
|---|---|
| *Street 1 : <input type="text" value="13 Ocean Ave"/> | *Phone : <input type="text" value="904-315-3383"/> |
| Street 2 : <input type="text"/> | Phone Extension : <input type="text"/> |
| *City : <input type="text" value="Norfolk"/> | Country : <input type="text" value="United States of America"/> |
| *State/Province : <input type="text" value="Virginia"/> | |
| *Zip/Postal Code : <input type="text" value="23510"/> | Additional Address Info : <input type="text"/> |

Complete your company address information for the administrator of your account.

▼Contact Information

Please complete the contact information below for your Account Administrator.

| | | |
|---|--|--|
| *Principal Contact : <input type="text" value="Test User"/> | *Phone : <input type="text" value="904-315-3383"/> | Alternate Phone : <input type="text"/> |
| Email : <input type="text" value="test@norfolk.gov"/> | Phone Extension : <input type="text"/> | Alternate Phone Extension : <input type="text"/> |
| Correspondence Type : <input type="text" value="Email"/> | Fax : <input type="text"/> | Alternate Fax : <input type="text"/> |

Your contact information will be populated for you but can be edited here as well. After entering your information select next.

►Contact Address

Complete this section **ONLY** if you are adding a Contact and the Contact uses a different address than the address listed above.

Additional Resources & Information:

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- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
 - A highlighted error notification message will be displayed at the top of the page.
 - Click the "Here" link in that notification to see the errors.
 - You must correct the errors indicated before continuing to the next step.

- ✓ Step 1: Business Information
- ✓ Step 2: User Information
- ✓ Step 3: W-9 Information
- ✓ Step 4: Account Administration
- ✓ Step 5: Ordering Address
- Copy Address Information
- Address Information
- Contact Information
- Contact Address
- Step 6: Payment Address
- Step 7: Billing Address
- Step 8: Bidding Interests
- Step 9: Preview & Submit Registration

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Step 5: Ordering Address

Please enter the address where we should send your purchase orders. An Ordering Address is required for vendor registration. If you need to add more than one ordering address, you may do so under "Account Maintenance" after you complete your registration and log in.

Copy Address and Contact Information From:

☒ Account Administrator

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▼Address Information

Add a new Ordering Address by completing the information below.

| | | | |
|----------------------------|---|----------------------|---|
| *Street 1 : | <input type="text" value="13 Ocean Ave"/> | *Phone : | <input type="text" value="904-315-3383"/> |
| Street 2 : | <input type="text"/> | Phone Extension : | <input type="text"/> |
| *City : | <input type="text" value="Norfolk"/> | Country : | <input type="text" value="United States of America"/> |
| *State/Province : | <input type="text" value="Virginia"/> | <input type="text"/> | |
| *Zip/Postal Code : | <input type="text" value="23510"/> | | |
| Additional Address Info. : | | | |

▼Contact Information

Provide a contact for your Ordering Address by completing the information below.

| | | | | | |
|-----------------------|---|-------------------|---|-----------------------------|----------------------|
| Principal Contact : | <input type="text" value="Test User"/> | Phone : | <input type="text" value="904-315-3383"/> | Alternate Phone : | <input type="text"/> |
| Email : | <input type="text" value="test@norfolk.gov"/> | Phone Extension : | <input type="text"/> | Alternate Phone Extension : | <input type="text"/> |
| Correspondence Type : | <input type="text" value="Email"/> | Fax : | <input type="text"/> | Alternate Fax : | <input type="text"/> |

►Contact Address

Complete this section ONLY if you are adding a Contact and the Contact uses a different address than the address listed below.

Additional Resources & Information:

- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
 - A highlighted error notification message will be displayed at the top of the page.
 - Click the "Here" link in that notification to see the errors.

After verifying your address and contact information select next.

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Next enter the address where you want to receive Orders. If this information is the same as your Account Administrator information you can automatically populate by checking the Account Administrator button.

- Step 1: Business Information
- Step 2: User Information
- Step 3: W-9 Information
- Step 4: Account Administration
- Step 5: Ordering Address
- Step 6: Payment Address
- Address Information
- Contact Information
- Contact Address
- Copy Address Information
- Step 7: Billing Address
- Step 8: Bidding Interests
- Step 9: Preview & Submit Registration

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Step 6: Payment Address

Please enter the address where we should send your payments. A Payment Address is required for vendor registration. If you need to add more than one payment address, you may do so under "Account Maintenance" after you complete your registration and log in.

Copy Address and Contact Information From:

- ☐ Account Administrator
- ☐ Ordering

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▼Address Information

Add a new Payment Address by completing the information below.

| | | | |
|--------------------|--------------|----------------------------|--------------------------|
| *Street 1 : | 13 Ocean Ave | *Phone : | 904-315-3383 |
| Street 2 : | | Phone Extension : | |
| *City : | Norfolk | Country : | United States of America |
| *State/Province : | Virginia | | |
| *Zip/Postal Code : | 23510 | Additional Address Info. : | |

Enter the address where the City should send payments to you. If this address is the same as the Account Admin or Ordering address you can automatically populate by selecting one these buttons.

▼Contact Information

Provide a contact for your Payment Address by completing the information below.

| | | | | | |
|-----------------------|------------------|-------------------|--------------|-----------------------------|--|
| Principal Contact : | Test User | Phone : | 904-315-3383 | Alternate Phone : | |
| Email : | test@norfolk.gov | Phone Extension : | | Alternate Phone Extension : | |
| Correspondence Type : | Email | Fax : | | Alternate Fax : | |

After verifying your address and contact information, select next.

►Contact Address

Complete this section ONLY if you are adding a Contact and the Contact uses a different address than the address listed above.

Additional Resources & Information:

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- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
 - A highlighted error notification message will be displayed at the top of the page.
 - Click the "Here" link in that notification to see the errors.

- Step 1: Business Information
- Step 2: User Information
- Step 3: W-9 Information
- Step 4: Account Administration
- Step 5: Ordering Address
- Step 6: Payment Address
- Step 7: Billing Address
- Step 8: Bidding Interests
- Step 9: Preview & Submit Registration

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Step 7: Billing Address (Optional)

Please enter the address to which we should send your bills by clicking the 'Add' button below. This information is optional and may be skipped unless you plan to respond to auctions. If you need to add more than one billing address, you may do so under "Account Maintenance" after you complete your registration and log in.

Copy Address and Contact Information From:

- ☐ Account Administrator
- ☐ Ordering
- ☐ Payment

< Back Next >

Add Delete

▼Address Information

Add a new Billing Address by completing the information below.

| | | | |
|----------------------------|----------------------|----------------------|----------------------|
| *Street 1 : | <input type="text"/> | *Phone : | <input type="text"/> |
| Street 2 : | <input type="text"/> | Phone Extension : | <input type="text"/> |
| *City : | <input type="text"/> | Country : | <input type="text"/> |
| *State/Province : | <input type="text"/> | <input type="text"/> | |
| *Zip/Postal Code : | <input type="text"/> | | |
| Additional Address Info. : | | <input type="text"/> | |

Enter your Billing Address Information. If the same as any of the previous addresses, the information can be automatically populated by selecting on of the address buttons here.

▼Contact Information

Provide a contact for your Billing Address by completing the information below.

| | | | | | |
|-----------------------|----------------------|-------------------|----------------------|-----------------------------|----------------------|
| Principal Contact : | <input type="text"/> | Phone : | <input type="text"/> | Alternate Phone : | <input type="text"/> |
| Email : | <input type="text"/> | Phone Extension : | <input type="text"/> | Alternate Phone Extension : | <input type="text"/> |
| Correspondence Type : | <input type="text"/> | Fax : | <input type="text"/> | Alternate Fax : | <input type="text"/> |

After verifying your information select Next.

►Contact Address

Complete this section ONLY if you are adding a Contact and the Contact uses a different address than the address listed above.

Additional Resources & Information:

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- ✓ [Step 1: Business Information](#)
- ✓ [Step 2: User Information](#)
- ✓ [Step 3: W-9 Information](#)
- ✓ [Step 4: Account Administration](#)
- ✓ [Step 5: Ordering Address](#)
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Step 8: Bidding Interests

Please enter the Business Types, Service Areas, and/or Commodities appropriate for your organization. This information is optional but will be used to determine when to send electronic solicitation notifications.

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Business Type

Select the business type(s) that describe your organization. Examples include woman-owned, minority-owned, or small business. Click the 'Add' Button to view and select the appropriate Business Type for your organization.

[Add](#) [Delete](#)

| Business Type | Certification Number | Certification Start Date | Certification End Date |
|---------------|----------------------|--------------------------|------------------------|
| First | Prev | Next | Last |

Service Area

Select the service area zone(s) that describe the geographic area(s) in which your organization operates. Click the 'Add' Button to view and select the appropriate Service Area Zones for your organization.

[Add](#)

First Prev Next Last

The next steps will involve adding your business type and selecting the commodities that your business offers. This can be completed by selecting "Add" for each option.

Commodity

Select the commodity code(s) that describe the goods and services your organization provides. Click the 'Add' Button to view and select the appropriate Commodities for your organization.

[Add](#) [Delete](#)

| Commodity | | | | Commodity Description |
|-----------|------|------|------|-----------------------|
| First | Prev | Next | Last | |

In the Business Type section select "Add".

Additional Resources & Information:

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- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
 - A highlighted error notification message will be displayed at the top of the page.
 - Click the "Here" link in that notification to see the errors.
 - You must correct the errors indicated before continuing to the next step.

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Choose

Select one or more Business Types to associate to your company. To search for your Business Type, enter a valid business type and click Search. Please click OK to save your changes.

[Clear](#)

Business Type :

| Business Type |
|--|
| <input type="checkbox"/> African American female |
| <input type="checkbox"/> African American Male |
| <input type="checkbox"/> Aleut Female |
| <input checked="" type="checkbox"/> American Indian Female |
| <input checked="" type="checkbox"/> American Indian male |
| <input type="checkbox"/> Aleut Male |
| <input type="checkbox"/> Asian American female |
| <input type="checkbox"/> Asian American Male |
| <input type="checkbox"/> Caucasian Female |
| <input type="checkbox"/> Caucasian Male |

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As list of business types as defined by the City will be displayed. You have the option of selecting more than one business type. After selecting your business type select "OK".

Note: You can use the Next link here to scroll through the complete business type listing.

- Step 1: Business Information
- Step 2: User Information
- Step 3: W-9 Information
- Step 4: Account Administration
- Step 5: Ordering Address
- Step 6: Payment Address
- Step 7: Billing Address
- Step 8: Bidding Interests
- Step 9: Preview & Submit Registration

Step 8: Bidding Interests

Please enter the Business Types, Service Areas, and/or Commodities appropriate for your organization. This information is optional but will be used to determine when to send electronic solicitation notifications.

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Business Type

Select the business type(s) that describe your organization. Examples include woman-owned, minority-owned, or small business. Click the 'Add' Button to view and select the appropriate Business Type for your organization.

[Add](#) [Delete](#)

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| | Business Type | Certification Number | Certification Start Date | Certification End Date |
|--|--|----------------------|--------------------------|------------------------|
| | <input checked="" type="checkbox"/> American Indian Female | | | |
| | <input type="checkbox"/> American Indian male | | | |

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Service Area

Select the area(s) where your organization can provide its services. Click the 'Add' button to view and select the appropriate Service Area for your organization.

[Add](#) [Delete](#)

| Service Area | Service Area Zone |
|-----------------------|--|
| First | Prev Next Last |

Enter your certification information.

Commodity

Select the commodity code(s) that describe the goods and services your organization provides. Click the 'Add' button to view and select the appropriate Commodity for your organization.

[Add](#) [Delete](#)

| Commodity | Commodity Description |
|-----------------------|--|
| First | Prev Next Last |

Next, select Add in the Commodity section.

Additional Resources & Information:

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- As you complete each step and move to the next step, the system will check for errors.
- If there are errors:
 - A highlighted error notification message will be displayed at the top of the page.
 - Click the "Here" link in that notification to see the errors.
 - You must correct the errors indicated before continuing to the next step.

Account Maintenance

- [Headquarters Information](#)
- [Master Addresses](#)
- [Contacts](#)
- [Location Information](#)
- [Address Information](#)
- [W-9 Information](#)
- [Business Types](#)
- [Service Areas](#)
- [Commodities](#)
- [User Information](#)
- [Location Users](#)

Choose

Select one or more Commodities to associate to your company. To search for your Commodity, enter in a valid Commodity Code or Description and click Search. Please click OK to save your changes.

Wildcard (*) searches are allowed. For example, a search of Description using 'computer*' finds all commodities whose description begins with the word 'computer.' However, a search of Description using '*computer*' would find all commodities with the word 'computer' anywhere in the description.

[Clear](#)

Commodity/Service Code : 00514*

Search

Commodity Description : ABRASIVES*

Search

There is a robust search feature that will allow you to search by Commodity Code number or Description.

| | Commodity Description | Commodity/Service Code |
|-------------------------------------|--|------------------------|
| <input type="checkbox"/> | SPECIALTY CODES | 00000 |
| <input type="checkbox"/> | Contracts | 00001 |
| <input type="checkbox"/> | Freight | 00002 |
| <input type="checkbox"/> | ABRASIVES | 00500 |
| <input type="checkbox"/> | Abrasive Equipment and Tools | 00505 |
| <input type="checkbox"/> | Abrasives, Coated: Cloth, Fiber, Sandpaper, etc. | 00514 |
| <input checked="" type="checkbox"/> | Abrasives, Sandblasting, Metal | 00521 |
| <input type="checkbox"/> | Abrasives, Sandblasting (Other than Metal) | 00528 |
| <input type="checkbox"/> | Abrasives, Solid: Wheels, Stones, etc. | 00542 |
| <input type="checkbox"/> | Abrasives, Tumbling (Wheel) | 00556 |

A complete list of commodity codes based on the NIGP commodity listing will be displayed. There are also custom commodity codes that the City has defined. You can select multiple commodity codes to describe what your organization offers.

First Prev [Next](#) Last

OK

Cancel

The "Next" link will allow you to manually scroll through the Commodity Code listing.

Click OK after making your commodity selections.

- ✓ Step 1: Business Information
- ✓ Step 2: User Information
- ✓ Step 3: W-9 Information
- ✓ Step 4: Account Administration
- ✓ Step 5: Ordering Address
- ✓ Step 6: Payment Address
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- ✓ Step 8: Bidding Interests
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Step 8: Bidding Interests

Please enter the Business Types, Service Areas, and/or Commodities appropriate for your organization. This information is optional but will be used to determine when to send electronic solicitation notifications.

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Business Type

Select the business type(s) that describe your organization. Examples include woman-owned, minority-owned, or small business. Click the 'Add' Button to view and select the appropriate Business Type for your organization.

[Add](#) [Delete](#)

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| | Business Type | Certification Number | Certification Start Date | Certification End Date |
|-------------------------------------|------------------------|----------------------|--------------------------|------------------------|
| <input checked="" type="checkbox"/> | American Indian Female | | | |
| <input type="checkbox"/> | American Indian male | | | |

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Service Area

Select the area(s) where your organization can provide its services. Click the 'Add' button to view and select the appropriate Service Area Zones for your organization.

[Add](#) [Delete](#)

| Service Area | Service Area Zone |
|-----------------------|--|
| First | Prev Next Last |

Click Next.

Commodity

Select the commodity code(s) that describe the goods and services your organization provides. Click the 'Add' button to view and select the appropriate Commodities for your organization.

[Add](#) [Delete](#)

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| | Commodity | Commodity Description |
|-------------------------------------|-----------|------------------------------|
| <input checked="" type="checkbox"/> | 00002 | Freight |
| <input type="checkbox"/> | 00505 | Abrasive Equipment and Tools |

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Step 9: Preview & Submit Registration

This page displays a summary of all information entered in the previous steps. Please review your registration information below and **print** a copy for your records. **If you need to make a change, click the 'Back' button or navigate directly to the appropriate step using the left menu.**

Click 'Submit' to complete your on-line registration. Canceling your registration will result in the loss of all entered information.

Print Submit

Cancel

< Back

You will have the opportunity to view and print your account information prior to submitting your request to the City. After verifying your information, select Submit.

You can also select the Back button to return to any step in the process that requires revisions.

Step 1: Business Information

Location Verification

Verify My Locations by: Use my Taxpayer ID Number

Vendor Verification Based on:

Vendor Verification Password:

Confirm Verification:

Location Information and Legal Name

Organization Type : Company

Classification : Corporation

First Name :

Legal Name : Norfolk 4

Middle Name :

Alias/DBA :

Last Name :

Location Name :

Company Name : Norfolk 4

Web Address :

EFT Information

ABA Number :

Account Number :

Bank Name :

Routing ID Number :

Account Type :

EFT Status :

Thank You!

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Congratulations, you have now completed the on-line portion of the vendor registration process.

If you created a new account: In order to complete your registration with the City of Norfolk, please fax your completed W-9 Form to 757-664-4064 or send a scanned copy in PDF format to FBS-AccountsPayable@norfolk.gov. Your vendor self service account will not be fully activated until this information is received.

If you activated an existing account: The City of Norfolk has your W-9 form on file.

You will receive a congratulations message that your on-line registration is complete. If you created a new account be sure to submit your W-9 information to the City via fax or email.